





Important: First calculate your federal return child and dependent care credit. Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

Name as shown on Form D-40	Your social security number
<ul> <li>Before you begin –</li> <li>You must meet the following requirements to use this form.</li> <li>You are a part-year resident of DC;</li> <li>You are filing a part-year DC D-40 return; and</li> <li>You were eligible to claim the child and dependent care.</li> </ul>	
Qualifying dependents Complete for all qualifying individua	als for whom you claimed expenses on your federal Form 2441.
First name	M.I. Last name
Social security number Relationship to you	Date of birth (MMDDYYYY)
Lived in your household from MMDDYY to MMDDYY	
Lived III your nouseriold from windown to windown	
First name	M.I. Last name
Social security number Relationship to you	Date of birth (MMDDYYYY)
Total sound in the	
Lived in your household from MMDDYY to MMDDYY	
First name	M.I. Last name
Social security number Relationship to you	Date of birth (MMDDYYYY)
Lived in your household from MMDDYY to MMDDYY	
First name	M.I. Last name
Social security number Relationship to you	Date of birth (MMDDYYYY)
Lived in your household from MMDDYY to MMDDYY	
Eived III your neadensia noin minibb i i to minibb i i	
If you need to list additional dependents, attach a	statement with the same information for them
DC credit Enter dates you were a DC resident in 2009.	M M D D M M D D Round cents to the nearest dollar.  If the amount is zero, leave the line blank.
1 Total 2009 employment-related dependent care ex <u>or</u> total expenses paid (page 2, line 6 of this form).	xpenses From federal Form 2441, Line 13 1 \$ .00
2 Employment-related dependent care expenses paid	d in 2009 while you were a DC resident 2 \$ .00
3 Divide Line 2 amount by Line 1 amount. (The result will be a	a decimal, for example: 0.55)
4 DC full-year dependent care credit Multiply your allow Line 13 x .32	
5 DC part-year dependent care credit Multiply Line 4 a Enter the amount on line 23 of Form D-40.	amount by the Line 3 decimal. 5 \$ .00

ATTACH THIS FORM TO YOUR FORM D-40.



Enter your last name.	Enter your social security number.			
Dependent care expenses Complete for all people or organizations w	tho provided care during 2009 so t	that you could work	or look for work.  Round cents to	
Name	From (MM/DD)	To (MM/DD)	Amount paid	
Address	Social security or Fe	d employer ID	\$ .00	
Audiess	Social Security of Te	Social security or Fed. employer ID		
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	
Address	Social security or Fe	d. employer ID		
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	
Address	Social security or Fe	Social security or Fed. employer ID		
If an individual, identify their relationship to you				
	5 (444/22)	T (MM/DD)		
Name	From (MM/DD)	To (MM/DD)	Amount paid	
Address	Social security or Fe	d. employer ID		
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	
	110.11 (11111/12)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ .00	
Address	Social security or Fe	d. employer ID		
If an individual, identify their relationship to you				
6 Total expenses paid			\$ .00	
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